



COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD FOR FABRICATING A BARRIER LAYER, the specification of which:

- ☐ is attached hereto.
☒ was filed on June 15, 2001 as Application Serial No. 09/882,289 and was amended on _____
☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Country	Application No.	Filing Date	Priority Claimed
Germany	DE100 29 658.0	June 16, 2000	[X] Yes [] No

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Frank R. Occhiuti, Reg. No. 35,306
Alan D. Smith, Reg. No. 32,005

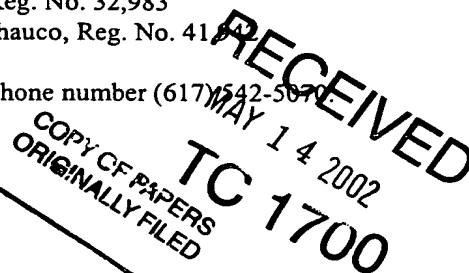
J. Peter Fasse, Reg. No. 32,983
Faustino A. Lichauco, Reg. No. 41,170

Address all telephone calls to FAUSTINO A. LICHAUCO at telephone number (617) 542-5670.

Address all correspondence to FAUSTINO A. LICHAUCO at:

FISH & RICHARDSON P.C.
225 Franklin Street
Boston, Massachusetts 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.



Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: HELMUT WURZER

Inventor's Signature: _____ Date: _____
Residence Address: Gertrud-Caspari-Str.11, 01109 Dresden, Germany
Citizenship: Germany
Post Office Address: Gertrud-Caspari-Str.11, 01109 Dresden, Germany

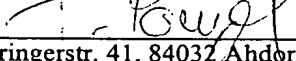
Full Name of Inventor: MARTIN SCHREMS

Inventor's Signature: _____ Date: _____
Residence Address: Bruhmstr. 4 e/ 15, 01465 Langebrück, Germany
Citizenship: Germany
Post Office Address: Bruhmstr. 4 e/ 15, 01465 Langebrück, Germany

Full Name of Inventor: ANKE KRASEMANN

Inventor's Signature: _____ Date: _____
Residence Address: Forststr. 37, 01139 Dresden, Germany
Citizenship: Germany
Post Office Address: Forststr. 37, 01139 Dresden, Germany

Full Name of Inventor: THOMAS POMPE

Inventor's Signature:  _____ Date: 08. Feb. 2002
Residence Address: Thuringerstr. 41, 84032 Ahdorf, Germany
Citizenship: Germany
Post Office Address: Thuringerstr. 41, 84032 Ahdorf, Germany



Attorney's Docket No.: 12816-018001

Client's Ref. No.: S1187 SB

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Full Name of Inventor: MARTIN SCHREMS

Inventor's Signature: _____

Date: _____

Residence Address: Bruhmstr. 4 e/ 15, 01465 Langebrück, Germany

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Post Office Address: Bruhmstr. 4 e/ 15, 01465 Langebrück, Germany

Full Name of Inventor: ANKE KRASEMANN

Inventor's Signature: Anke Krasemann

Date: 17.03.2002

Residence Address: Forststr. 37, 01139 Dresden, Germany

Citizenship: Germany

Post Office Address: Forststr. 37, 01139 Dresden, Germany

Full Name of Inventor: THOMAS POMPL

Inventor's Signature: _____

Date: _____

Residence Address: Thuringerstr. 41, 84032 Ahdorf, Germany

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Full Name of Inventor: MARTIN SCHREMS

Inventor's Signature: Martin Schrems Date: 8.3.2002
Residence Address: Bruhmstr. 4 e/ 15, 01465 Langebrück, Germany
Citizenship: Germany
Post Office Address: Bruhmstr. 4 e/ 15, 01465 Langebrück, Germany

Full Name of Inventor: ANKE KRASEMANN

Inventor's Signature: _____ Date: _____
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Citizenship: Germany
Post Office Address: Forststr. 37, 01139 Dresden, Germany

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Citizenship: Germany

Post Office Address: Gertrud-Caspari-Str.11, 01109 Dresden, Germany

Full Name of Inventor: MARTIN SCHREMS

Inventor's Signature: _____

Date: _____

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